

---

**State:** District of Columbia **First Filing Company:** Westport Insurance Corporation, ...  
**TOI/Sub-TOI:** 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft  
**Product Name:** WIC/NAE - Commercial Crime-Tier - Form Filing - DC  
**Project Name/Number:** Endorsement Filing for Commercial Crime/20-24788-F

## Filing at a Glance

Companies: Westport Insurance Corporation  
North American Elite Insurance Company

Product Name: WIC/NAE - Commercial Crime-Tier - Form Filing - DC

State: District of Columbia

TOI: 26.0 Burglary and Theft

Sub-TOI: 26.0001 Commercial Burglary and Theft

Filing Type: Form

Date Submitted: 02/12/2020

SERFF Tr Num: SWRE-132253476

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: DC-20-24788-F

Effective Date 04/01/2020

Requested (New):

Effective Date 04/01/2020

Requested (Renewal):

Author(s): Marissa Martin

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

**State:** District of Columbia **First Filing Company:** Westport Insurance Corporation, ...  
**TOI/Sub-TOI:** 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft  
**Product Name:** WIC/NAE - Commercial Crime-Tier - Form Filing - DC  
**Project Name/Number:** Endorsement Filing for Commercial Crime/20-24788-F

## General Information

Project Name: Endorsement Filing for Commercial Crime Status of Filing in Domicile: Pending  
Project Number: 20-24788-F Domicile Status Comments: All states submitted concurrently  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/12/2020  
State Status Changed: Deemer Date:  
Created By: Marissa Martin Submitted By: Marissa Martin  
Corresponding Filing Tracking Number:

### Filing Description:

North American Elite Insurance Company (NAE) and Westport Insurance Corporation (WIC) are submitting additional forms to be used with their Commercial Crime & Fidelity ISO Tier. The program utilizes ISO's latest forms in addition to company specific forms. Effective 04/01/2020 and after, the agent that places this program business with Swiss Re will be moving all of their inforce business (currently written on NAS) to Westport Insurance Corporation (WIC). Our intent for this move is that current insureds will have no rate impact. Please see the attached Forms List for a description of each form.

The declarations and schedules are being submitted with [Insert Company Name Here] in the header so we do not have sets of identical forms and the only difference being the Company name. At issuance of the policy, the Company name will print in this section based on the entity that is selected in the issuing system. On the Declaration Pages, the Company Address will print along with the Company Name. Please see the forms list for a description of each form.

The filing is being submitted under the (XXXXXXX) provisions. We respectfully request an effective date of April 1, 2020.

Please let me know if you have additional questions or concerns. Thank you for your consideration of this filing.

Sincerely,  
Marissa Martin  
Compliance Analyst, AVP  
Email: Marissa\_Martin@swissre.com  
Phone: 816.235.3731

## Company and Contact

### Filing Contact Information

Marissa Martin, Compliance Analyst marissa\_martin@swissre.com  
1200 Main 816-235-3731 [Phone]  
Suite 800  
Kansas City, MO 64105

---

**State:** District of Columbia **First Filing Company:** Westport Insurance Corporation, ...  
**TOI/Sub-TOI:** 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft  
**Product Name:** WIC/NAE - Commercial Crime-Tier - Form Filing - DC  
**Project Name/Number:** Endorsement Filing for Commercial Crime/20-24788-F

### Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
1200 Main Street	Group Code: 181	Company Type:
Kansas City, MO 64105	Group Name: Swiss Re	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 48-0921045	

---

North American Elite Insurance	CoCode: 29700	State of Domicile: New
Company	Group Code: 181	Hampshire
1200 Main St	Group Name: Swiss Re	Company Type:
Kansas City, MO 64105	FEIN Number: 13-3440360	State ID Number:
(800) 542-9200 ext. [Phone]		

---

### Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State:	District of Columbia	First Filing Company:	Westport Insurance Corporation, ...
TOI/Sub-TOI:	26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft		
Product Name:	WIC/NAE - Commercial Crime-Tier - Form Filing - DC		
Project Name/Number:	Endorsement Filing for Commercial Crime/20-24788-F		

## Correspondence Summary

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	N/A	Marissa Martin	02/12/2020	02/12/2020
Rate	N/A	Marissa Martin	02/12/2020	02/12/2020
Rate	N/A	Marissa Martin	02/12/2020	02/12/2020

SERFF Tracking #:

SWRE-132253476

State Tracking #:

Company Tracking #:

DC-20-24788-F

State: District of Columbia

First Filing Company: Westport Insurance Corporation, ...

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: WIC/NAE - Commercial Crime-Tier - Form Filing - DC

Project Name/Number: Endorsement Filing for Commercial Crime/20-24788-F

## Amendment Letter

Submitted Date: 02/12/2020

Comments:

This was a forms only filing (rates have previously been submitted already) and this data should not have been included. I apologize for the error.

Changed Items:

No Form Schedule Items Changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	N/A		Replacement		02/12/2020 By:
<i>Previous Version</i>					
1	Westport Insurance Corporation - Commercial Crime and Fidelity - Loss Cost Multiplier - AL	WIC-CR-AL-LCM (04/01/2020)	Replacement	224855	02/12/2020 By: Marissa Martin
2	N/A		Replacement		02/12/2020 By:
<i>Previous Version</i>					
2	North American Specialty Insurance Company - Commercial Crime and Fidelity - Loss Cost Multiplier - AL	NAS-CR-AL-LCM (04/01/2020)	Replacement	224855	02/12/2020 By: Marissa Martin
3	N/A		New		02/12/2020 By:
<i>Previous Version</i>					
3	AL Crime Rate_Rule Manual		New		02/12/2020 By: Marissa Martin

No Supporting Documents Changed.

**State:** District of Columbia **First Filing Company:** Westport Insurance Corporation, ...  
**TOI/Sub-TOI:** 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft  
**Product Name:** WIC/NAE - Commercial Crime-Tier - Form Filing - DC  
**Project Name/Number:** Endorsement Filing for Commercial Crime/20-24788-F

## Post Submission Update Request Submitted On 02/12/2020

Status: Submitted  
Created By: Marissa Martin

### Rate Information:

Field Name	Requested Change	Prior Value
Rate Data Applies	No	Yes
Filing Method		File and Use
Rate Change Type		Neutral
Overall Pct. of Last Revision		-21.100%
Effective Date of Last revision		06/01/2018
Filing Method of Last Filing		Automatic adoption of ISO loss costs
SERFF Tracking Number of Last Filing		Automatic adoption of ISO loss cost

### Company Rate Information:

Company Name:Westport Insurance Corporation

Field Name	Requested Change	Prior Value
Overall % Indicated Change		0.000%
Overall % Rate Impact		0.000%
Written Premium Change for this Program		\$0
Number of Policy Holders Affected for this Program		0
Written Premium for this Program		\$0
Maximum %Change (where required)		0.000%
Minimum %Change (where required)		0.000%

Company Name:North American Elite Insurance Company

Field Name	Requested Change	Prior Value
------------	------------------	-------------

**State:** District of Columbia **First Filing Company:** Westport Insurance Corporation, ...  
**TOI/Sub-TOI:** 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft  
**Product Name:** WIC/NAE - Commercial Crime-Tier - Form Filing - DC  
**Project Name/Number:** Endorsement Filing for Commercial Crime/20-24788-F

**Filing Description:****Requested Value:**

North American Elite Insurance Company (NAE) and Westport Insurance Corporation (WIC) are submitting additional forms to be used with their Commercial Crime & Fidelity ISO Tier. The program utilizes ISO's latest forms in addition to company specific forms. Effective 04/01/2020 and after, the agent that places this program business with Swiss Re will be moving all of their inforce business (currently written on NAS) to Westport Insurance Corporation (WIC). Our intent for this move is that current insureds will have no rate impact. Please see the attached Forms List for a description of each form.

The declarations and schedules are being submitted with [Insert Company Name Here] in the header so we do not have sets of identical forms and the only difference being the Company name. At issuance of the policy, the Company name will print in this section based on the entity that is selected in the issuing system. On the Declaration Pages, the Company Address will print along with the Company Name. Please see the forms list for a description of each form.

The filing is being submitted under the File and Use provisions. We respectfully request an effective date of April 1, 2020.

Please let me know if you have additional questions or concerns. Thank you for your consideration of this filing.

Sincerely,  
Marissa Martin  
Compliance Analyst, AVP  
Email: Marissa\_Martin@swissre.com  
Phone: 816.235.3731

**Prior Value:**

North American Elite Insurance Company (NAE) and Westport Insurance Corporation (WIC) are submitting additional forms to be used with their Commercial Crime & Fidelity ISO Tier. The program utilizes ISO's latest forms in addition to company specific forms. Effective 04/01/2020 and after, the agent that places this program business with Swiss Re will be moving all of their inforce business (currently written on NAS) to Westport Insurance Corporation (WIC). Our intent for this move is that current insureds will have no rate impact. Please see the attached Forms List for a description of each form.

The declarations and schedules are being submitted with [Insert Company Name Here] in the header so we do not have sets of identical forms and the only difference being the Company name. At issuance of the policy, the Company name will print in this section based on the entity that is selected in the issuing system. On the Declaration Pages, the Company Address will print along with the Company Name. Please see the forms list for a description of each form.

The filing is being submitted under the (XXXXXXX) provisions. We respectfully request an effective date of April 1, 2020.

Please let me know if you have additional questions or concerns. Thank you for your consideration of this filing.

Sincerely,  
Marissa Martin  
Compliance Analyst, AVP  
Email: Marissa\_Martin@swissre.com  
Phone: 816.235.3731

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Westport Insurance Corporation, ...
<b>TOI/Sub-TOI:</b>	26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft		
<b>Product Name:</b>	WIC/NAE - Commercial Crime-Tier - Form Filing - DC		
<b>Project Name/Number:</b>	Endorsement Filing for Commercial Crime/20-24788-F		

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Common Policy Declarations	NAS-COM-DEC	(01/01)	DEC	New			NAS-COM-DEC_0101.pdf
2		Commercial Crime Coverage Part Declarations	NAS-CR-DEC-01	(08/00)	DEC	New			NAS-CR-DEC-01_0800.pdf
3		Forms Inventory	NAS-FI-EXT	(01/01)	OTH	New			NAS-FI-EXT_0101.pdf
4		Premium Installment Schedule	NAS-IS-SCH	(01/01)	DEC	New			NAS-IS-SCH_0101.pdf
5		Named Insured Schedule	NAS-NI-SCH	(01/01)	DEC	New			NAS-NI-SCH_0101.pdf
6		Policy Interest Schedule	NAS-PI-SCH	(01/01)	DEC	New			NAS-PI-SCH_0101.pdf
7		Taxes, Fees And Surcharges Schedule	NAS-TFS-SCH	(02/01)	DEC	New			NAS-TFS-SCH_0201.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other



[ Insert Company Name Here ]

Policy Number:

From

To

-

12:01 A.M. Standard Time at the  
Address of the Insured assigned here

**Transaction**

<b>Named Insured and Mailing Address</b>		<b>Producer</b>
		Producer Code:
		Telephone: ( ) -
<b>Business Description:</b>	<b>Type of Business:</b>	<b>Audit Period:</b>

**COMMON POLICY DECLARATIONS**

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Form No.	Coverage Part Description	Premium
		\$
		\$
		\$
		\$
		\$
		\$

Taxes, Fees and Surcharges

Policy Premium

\$

Deposit Premium

\$

- ☐ **FACULTATIVE**  
☐ **AUDITABLE**

Premium shown is payable: (If applicable) \_\_\_\_\_  
At Inception                      1st Anniversary                      2nd Anniversary

<b>Forms and Endorsements applicable to all Coverage Parts:</b>

<b>COUNTERSIGNATURE USE ONLY:</b>		
Countersigned at: _____	By: _____	Date: _____

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Issuing Office:

Issued Date:

**NAS-COM-DEC (01/01)**

Includes copyrighted material of ISO Commercial Risk Services, Inc., with its permission. Copyright, ISO Commercial Risk Services, Inc., 1983, 1984

[ Insert Company Name Here ]

Policy Number:	From	To
	-	
12:01 A.M. Standard Time at the Address of the Insured assigned here		

COMMERCIAL CRIME COVERAGE PART DECLARATIONS

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED: \_\_\_\_\_

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:				
PREM.	BLDG.	INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
			\$	\$

TOTAL PREMIUM FOR THIS COVERAGE PART: \$

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**CANCELLATION OF PRIOR INSURANCE:** By acceptance of this Coverage Part you give us notice canceling prior policy Nos. \_\_\_\_\_ the cancellation to be effective at the time this Coverage Part becomes effective.

Issued Date:  
*NAS-CR-DEC-01 (08/00)*

[ Insert Company Name Here ]

Policy Number:	Producer:
Named Insured:	Effective Date:

## FORMS INVENTORY

Issuing Office:

Issued Date:

[ Insert Company Name Here ]

Policy Number:	Producer:
Named Insured:	Effective Date:

## PREMIUM INSTALLMENT SCHEDULE

[illegible]

Issuing Office:

Issued Date:

[ Insert Company Name Here ]

Policy Number:	Producer:
Named Insured:	Effective Date:

NAMED INSURED SCHEDULE

Issuing Office:

Issued Date:

[ Insert Company Name Here ]

Policy Number:	Producer:
Named Insured:	Effective Date:

**POLICY INTEREST SCHEDULE**

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Location Number:	Building Number:
Interest:	
Name and Address:	

Issuing Office:

Issued Date:

***[Insert Company Name Here]***

Policy Number:	
Named Insured:	
Producer:	
Effective Date:	

**TAXES, FEES AND SURCHARGES  
SCHEDULE**

State	Line of Insurance	Description	Amount
-------	-------------------	-------------	--------

Issuing Office:

Issued Date:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Westport Insurance Corporation, ...
<b>TOI/Sub-TOI:</b>	26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft		
<b>Product Name:</b>	WIC/NAE - Commercial Crime-Tier - Form Filing - DC		
<b>Project Name/Number:</b>	Endorsement Filing for Commercial Crime/20-24788-F		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Use
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	-21.100%
<b>Effective Date of Last Rate Revision:</b>	06/01/2018
<b>Filing Method of Last Filing:</b>	Automatic adoption of ISO loss costs
<b>SERFF Tracking Number of Last Filing:</b>	Automatic adoption of ISO loss cost

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Westport Insurance Corporation	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
North American Elite Insurance Company	%	%				%	%



State:	District of Columbia	First Filing Company:	Westport Insurance Corporation, ...
TOI/Sub-TOI:	26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft		
Product Name:	WIC/NAE - Commercial Crime-Tier - Form Filing - DC		
Project Name/Number:	Endorsement Filing for Commercial Crime/20-24788-F		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		N/A		Replacement		
2		N/A		Replacement		
3		N/A		New		

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Westport Insurance Corporation, ...
<b>TOI/Sub-TOI:</b>	26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft		
<b>Product Name:</b>	WIC/NAE - Commercial Crime-Tier - Form Filing - DC		
<b>Project Name/Number:</b>	Endorsement Filing for Commercial Crime/20-24788-F		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Forms List
<b>Comments:</b>	
<b>Attachment(s):</b>	Crime-Tier Decs_Schedules Forms List.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

Form No. and Edition	Title	Type of Form (Endorsement, Policy Form, Notice)	Form Condition R - Restricts C - Clarifies B - Broadens	Form Requirement O - Optional M - Mandatory	Rate Impact (Yes/No)	Description
NAS-COM-DEC (01/01)	Common Policy Declarations	Declaration	Clarifies	Mandatory	No	Lists policy information including Insured, Coverages, Limits
NAS-CR-DEC-01 (08/00)	Commercial Crime Coverage Part Declarations	Declaration	Clarifies	Optional	No	Lists policy information including Insured, Coverages, Limits
NAS-FI-EXT (01/01)	Forms Inventory	Schedule	Clarifies	Mandatory	No	List all coverage forms and endorsements attached to the policy
NAS-IS-SCH (01/01)	Premium Installment Schedule	Schedule	Clarifies	Optional	No	Lists Installment Information
NAS-NI-SCH (01/01)	Named Insured Schedule	Schedule	Clarifies	Optional	No	Lists the Named Insureds
NAS-PI-SCH (01/01)	Policy Interest Schedule	Schedule	Clarifies	Optional	No	Lists Policy Interest Information
NAS-TFS-SCH (02/01)	Taxes, Fees And Surcharges Schedule	Schedule	Clarifies	Optional	No	Lists applicable Taxes, Fees and Surcharges

SERFF Tracking #:

SWRE-132253476

State Tracking #:

Company Tracking #:

DC-20-24788-F

State: District of Columbia

TOI/Sub-TOI: 26.0 Burglary and Theft/26.0001 Commercial Burglary and Theft

Product Name: WIC/NAE - Commercial Crime-Tier - Form Filing - DC

Project Name/Number: Endorsement Filing for Commercial Crime/20-24788-F

First Filing Company: Westport Insurance Corporation, ...

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/07/2020		Rate	Westport Insurance Corporation - Commercial Crime and Fidelity - Loss Cost Multiplier - AL	02/12/2020	WIC-CR-AL-LCM_04-01-2020.pdf (Superseded)
02/07/2020		Rate	North American Specialty Insurance Company - Commercial Crime and Fidelity - Loss Cost Multiplier - AL	02/12/2020	NAS-CR-AL-LCM_04-01-2020.pdf (Superseded)
02/07/2020		Rate	AL Crime Rate_Rule Manual	02/12/2020	AL Crime Rate_Rule Manual.pdf (Superseded)

# ***Westport Insurance Corporation***

## **SECTION I GENERAL RULES**

### **RULE 1 APPLICATION OF THIS DIVISION**

#### **Company Rates/ISO Loss Costs**

To calculate rates, multiply loss costs by the appropriate factor as listed below before applying any of the rules.

<b>Coverage</b>	<b>Loss Cost Multiplier</b>
Crime & Fidelity	1.452

THIS APPLIES TO ALL BUSINESS FOR WHICH AN INDEPENDENTLY FILED PROGRAM-SPECIFIC LOSS COST MULTIPLIER EXCEPTION PAGE HAS NOT BEEN FILED WITH THE STATE REGULATOR AND ACCEPTED FOR USE.

**WESTPORT INSURANCE CORPORATION**

**WIC-CR-AL-LCM (04/01/2020)**

**Includes copyrighted material of Insurance Services Office, Inc. with its permission.**

# ***North American Specialty Insurance Company***

## **SECTION I GENERAL RULES**

### **RULE 1 APPLICATION OF THIS DIVISION**

#### **Company Rates/ISO Loss Costs**

To calculate rates, multiply loss costs by the appropriate factor as listed below before applying any of the rules.

<b>Coverage</b>	<b>Loss Cost Multiplier</b>
Crime & Fidelity	1.815

THIS APPLIES TO ALL BUSINESS FOR WHICH AN INDEPENDENTLY FILED PROGRAM-SPECIFIC LOSS COST MULTIPLIER EXCEPTION PAGE HAS NOT BEEN FILED WITH THE STATE REGULATOR AND ACCEPTED FOR USE.

**NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

**NAS-CR-AL-LCM (04/01/2020)**

**Includes copyrighted material of Insurance Services Office, Inc. with its permission.**

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION I  
GENERAL RULES**

**RULE 9  
POLICY WRITING MINIMUM PREMIUM**

- A. Prepaid Policies - \$100
- B. Annual Premium Payment Plan Policies or Continuous Policies - \$100

**RULE 11  
REMIUM CHANGES**

- B. Additional Premiums
  - 4. No Additional Premiums will be waived.
- C. Return Premiums
  - 4. No Return Premiums will be waived.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION II  
COMMERCIAL CRIME COVERAGE FORM AND POLICY**

**RULE 29  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - INSIDE THE PREMISES -  
THEFT OF MONEY AND SECURITIES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 30  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - INSIDE THE PREMISES -  
ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 31  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - OUTSIDE THE  
PREMISES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.



**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION II  
COMMERCIAL CRIME COVERAGE FORM AND POLICY**

**RULE 39  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - INSIDE THE PREMISES -  
THEFT OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 40  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - INSIDE THE PREMISES -  
ROBBERY OR BURGLARY OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 41  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - INSIDE THE PREMISES -  
ROBBERY OR SAFE BURGLARY OF MONEY AND SECURITIES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION II  
COMMERCIAL CRIME COVERAGE FORM AND POLICY**

**RULE 42  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - EMPLOYEE THEFT -  
NAME OR POSITION SCHEDULE INSURING AGREEMENT**

**Paragraph B.2.b.(3)**, is amended by the following:

Annual minimum premium for this coverage is \$100. No per employee minimum applies.

**RULE 45  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - GUESTS' PROPERTY  
INSURANCE AGREEMENT**

**B. Premium Development**

1. **Section 1.a. – Guests' Property - In Safe Deposit Boxes, a.(2).** is amended by the following:

Annual minimum premium per premises: \$100 each premises.

2. **Section 1.b. – Guests' Property - Inside the Premises, a.(2).** is amended by the following:

Annual minimum premium per premises: \$100 each premises.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION II  
COMMERCIAL CRIME COVERAGE FORM AND POLICY**

**RULE 46  
COMMERCIAL CRIME COVERAGE FORM AND COMMERCIAL CRIME POLICY - SAFE DEPOSITORY  
INSURING AGREEMENT**

**B. Premium Development**

1. **Section 1a - Loss of Customers Property - In Safe Deposit Boxes, a.(3).** is amended by the following:

Annual minimum premium per premises: \$100 each premises.

2. **Section 1b - Robbery or Burglary of Customers' Property – Premises Damage, a.(2).** is amended by the following:

Annual minimum premium per premises: \$100 each premises.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION III  
GOVERNMENT CRIME COVERAGE FORM AND POLICY**

**RULE 60  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - INSIDE THE PREMISES  
- THEFT OF MONEY AND SECURITIES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 61  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - INSIDE THE PREMISES  
- ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 62  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - OUTSIDE THE  
PREMISES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION III  
GOVERNMENT CRIME COVERAGE FORM AND POLICY**

**RULE 69  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - INSIDE THE PREMISES  
- THEFT OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 70  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - INSIDE THE PREMISES  
- ROBBERY OR BURGLARY OF OTHER PROPERTY INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**RULE 71  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - INSIDE THE PREMISES  
- ROBBERY OR SAFE BURGLARY OF MONEY AND SECURITIES INSURING AGREEMENT**

**Paragraph B.2.c.(4)** is amended by the following:

Annual minimum premium per premises: \$100 initial premises, \$50 each additional premises.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION III  
GOVERNMENT CRIME COVERAGE FORM AND POLICY**

**RULE 73  
GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - EMPLOYEE THEFT -  
NAME OR POSITION SCHEDULE INSURING AGREEMENT**

**Paragraph B.2.b.(3)** is amended by the following:

Annual minimum premium for this coverage is \$100. No per employee minimum applies.

**COMMERCIAL LINES MANUAL  
DIVISION THREE – CRIME AND FIDELITY**

Current ISO Commercial Crime and Fidelity rules and loss costs/rates applicable except as follows:

**SECTION IV  
EMPLOYEE THEFT AND FORGERY POLICY**

**RULE 87  
EMPLOYEE THEFT AND FORGERY POLICY - EMPLOYEE THEFT - NAME OR POSITION SCHEDULE  
INSURING AGREEMENT**

**Paragraph B.2.b.(3)** is amended by the following:

Annual minimum premium for this coverage is \$100. No per employee minimum applies.

**CRIME AND FIDELITY EXPERIENCE AND SCHEDULE RATING PLAN****RULE 3. ELIGIBILITY****C. Expected Loss Ratio**

*The following is added to Paragraph C.*

Company Expected Loss Ratio (ELR) is as provided below:

Crime & Fidelity	55.0%
------------------	-------

**RULE 5. COMPANY RATE MODIFICATION**

*The following is added to Rule 5.*

**C. Notification of Mode of Combination of Rating Factors.**

The credits or debits developed from the experience and schedule modifications shall be multiplicative.

**RETROSPECTIVE RATING PLAN****RULE 11. EXPECTED LOSS RATIOS**

*The following is added to Rule 11.*

Company Manual Expected Loss Ratio (ELR) is as provided below:

Crime & Fidelity	55.0%
------------------	-------



SECTION I  
GENERAL RULESRULE 1  
APPLICATION OF THIS DIVISION**Company Rates/ISO Loss Costs**

To calculate rates, multiply loss costs by the appropriate factor as listed below before applying any of the rules.

Coverage	Loss Cost Multiplier
Crime & Fidelity	2.269

THIS APPLIES TO ALL BUSINESS FOR WHICH AN INDEPENDENTLY FILED PROGRAM-SPECIFIC LOSS COST MULTIPLIER EXCEPTION PAGE HAS NOT BEEN FILED WITH THE STATE REGULATOR AND ACCEPTED FOR USE.

**NORTH AMERICAN ELITE INSURANCE COMPANY**

NAE-CR-AL-LCM (01/01/2008)

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

# ***North American Specialty Insurance Company***

## **SECTION I GENERAL RULES**

### **RULE 1 APPLICATION OF THIS DIVISION**

#### **Company Rates/ISO Loss Costs**

To calculate rates, multiply loss costs by the appropriate factor as listed below before applying any of the rules.

<b>Coverage</b>	<b>Loss Cost Multiplier</b>
Crime & Fidelity	1.815

THIS APPLIES TO ALL BUSINESS FOR WHICH AN INDEPENDENTLY FILED PROGRAM-SPECIFIC LOSS COST MULTIPLIER EXCEPTION PAGE HAS NOT BEEN FILED WITH THE STATE REGULATOR AND ACCEPTED FOR USE.

**NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

**NAS-CR-AL-LCM (04/01/2020)**

**Includes copyrighted material of Insurance Services Office, Inc. with its permission.**

# ***Westport Insurance Corporation***

## **SECTION I GENERAL RULES**

### **RULE 1 APPLICATION OF THIS DIVISION**

#### **Company Rates/ISO Loss Costs**

To calculate rates, multiply loss costs by the appropriate factor as listed below before applying any of the rules.

<b>Coverage</b>	<b>Loss Cost Multiplier</b>
Crime & Fidelity	1.452

THIS APPLIES TO ALL BUSINESS FOR WHICH AN INDEPENDENTLY FILED PROGRAM-SPECIFIC LOSS COST MULTIPLIER EXCEPTION PAGE HAS NOT BEEN FILED WITH THE STATE REGULATOR AND ACCEPTED FOR USE.

**WESTPORT INSURANCE CORPORATION**

**WIC-CR-AL-LCM (04/01/2020)**

**Includes copyrighted material of Insurance Services Office, Inc. with its permission.**